DOCUMENT RESUME

ED 288 166 CG 020 340

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TITLE OASIS for the Old.
INSTITUTION Texas Univ., Austin. Hogg Foundation for Mental Health.
PUB DATE 86
NOTE 30p.
AVAILABLE FROM Hogg Foundation for Mental Health, Attn: Publications Division, P.O. Box 7998, Austin, TX 78713-7998.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Institutionalized Persons; *Mental Health Programs; *Nursing Homes; *Older Adults; *Paraprofessional Personnel; Program Development; Program Evaluation; Social Support Groups; *Volunteers; Volunteer Training
IDENTIFIERS *Project OASIS

ABSTRACT

This report describes Project OASIS (Older Adults Sharing Important Skills), a project designed to provide paraprofessional mental health services to nursing home residents by providing training for older adult volunteers in areas related to mental health and the elderly, supervision by OASIS staff, and consultation by staff. The background of the project is described and the advantages of using older adult volunteers to provide services to elderly nursing home residents are discussed. The development of Project OASIS as a pilot program is explained and training and development issues are explored. Profiles are included of the typical nursing home resident and of the average OASIS volunteer. Three nursing home resident-OASIS volunteer teams are described in brief case studies. The evaluation of the OASIS project is discussed; evaluation methods are described; and findings from volunteer, staff, and client interviews are presented. The report concludes that the OASIS project has been able to provide a diverse range of services to nursing home residents and has provided a meaningful and productive outlet for the volunteers interested in working with these residents. It is emphasized that the OASIS project can be replicated in communities of all sizes. (NB)

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OASIS for the Old

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OASIS for the Old

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and
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The Hogg Foundation, over the more than four decades of its existence, has supported projects which, it was hoped, would live beyond their action time. Many of the grants have been seed money offerings which were meant to serve as models for replication elsewhere.

The OASIS project—Older Adults Sharing Important Skills—*is such a program, one which might be replicated in many communities. Even though it is being developed in several places in Texas, the decision to write up the project in pamphlet form was made in hopes that it would be of concrete use to still other groups.*

For specific information about the OASIS project, write to: Dr. Michael Duffy, Department of Educational Psychology, Texas A&M University, College Station, Texas 77843-4225.

Foreword

Combining the wisdom, experience and available time of the elderly in service to other groups is not unknown. This has been the basis of success of the Foster Grandparent, RSVP, Vista and Green Thumb programs. Directing these attributes to serve institutionalized elderly for mutually beneficial interaction is innovative and meritorious. Project OASIS provides a tested model in that it furnished training for the volunteers so they could better understand the mental functioning of the dependent and infirm elderly.

A second important aspect of OASIS is its utilization of older volunteers. As greater numbers of women have entered gainful employment, the reservoir of the younger volunteers has diminished. Project OASIS held no age bias, rather, it specifically targeted older men and women as volunteers; it assumed no functional decrement due to age alone; and it proved that volunteers can fill an important role beyond the traditionally conceived roles of putting on parties, sing-a-longs and bingo!

Not only was this a well conceived and well executed project, but the built-in evaluation was also carefully executed. That evaluation reinforced our understanding that older people do want to learn and to serve. While motivated to serve others, the volunteers received benefits of being needed and providing service.

With minimal investment the payoff for all concerned was substantial. The OASIS project is easily replicable and can add a significant dimension to the lives of older people. Facilities serving the aged would do well to institute OASIS on an ongoing basis.

Herbert Shore, Ed. D.
Executive Vice President
Dallas Home for Jewish Aged

Acknowledgments

We would like to express sincere gratitude to those who have made this project possible. In many ways Project OASIS is the "child" of the Hogg Foundation for Mental Health through the nourishment and leadership provided by Dr. Wayne Holtzman and the caring for the human needs of older persons by Bert Kruger Smith and Reymundo Rodríguez. This support has been generous, encouraging and constant throughout the life of this project.

Also critical during the first eighteen months of this project was the assistance of the Astin Charitable Trust of Bryan, Texas. Its generous financial help was inconspicuously given but enormously important.

Project OASIS was conceived and has its organizational center at Texas A&M University. Its life is in the nursing homes in the cities of Bryan and College Station through the work of the volunteers whose skill and sensitivity have enriched the lives of many residents. And to the staff of these nursing homes, whose hard work is often misjudged in public perception, many thanks.

Finally, but most importantly, we wish to thank the graduate student coordinators of Project OASIS. It is they who have made the project work. They struggled with us in the ambiguity of the early days of the project and provided the essential core of paraprofessional training—the day-to-day clinical supervision of volunteers. There were many: Bets Beck, Royda Crose, Dale Bucher, and Debbie Rabinowitz. Betty Franklin coordinated the evaluation process and, together with Bert Kruger Smith, the writing of this document. Roxanne Brousseau spent long hours developing and producing the videotape materials that are now an essential part of our training procedures. Special thanks must go to Royda Crose who has been with Project OASIS since the beginning and has provided creativity, clinical skill, and inspiring leadership.

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OASIS for the Old

"Old" in our society wears many faces. It defies description, evades categorization. "Old" could imply vigor, excitement, and involvement. More often "old" signifies a state of ennui and negative self-concept, as well as feelings of withdrawal from the mainstream of life.

The loneliness and isolation of many old people in this society are factors often described and discussed. Persons in affluent neighborhoods, as well as those less fortunate in nursing homes, may suffer from feelings of alienation from other people.

Negative emotions strike those who have independence, as well as those who do not. A sense of belonging, of being part of a caring society, becomes an energizing aspect of life for both the well and the frail elderly.

The question arose. How could the two populations be best served?

Could a group of non-institutionalized older people enhance their own lives as they aid the institutionalized old? Could mutual benefits evolve from specialized visits by older people? These questions were asked frequently in the minds of a number of people working with the frail elderly.

Volunteers, of course, were of known quality in nursing homes. They came to give parties, to sing, and to put on other performances.

Well and good. Momentary distractions helped to allay the boredom of daily life in institutions, but they often failed to address the underlying ache of loneliness and depression which was pervasive among many of the residents.

In addition, while many volunteers were themselves in the elderly category and while they received temporary uplift from serving as party-givers, their personal feelings of aloneness or depression were not altered significantly by the periodic performance.

If a shuttle of aid from one group to the other could be established, if mutual support could evolve, then a new level of volunteer help would result. That was the thinking which brought about the establishment of Older Adults Sharing Important Skills project. The acronym "OASIS" described accurately how the clear water of solid

friendship possibly could alter the desert of depression which many older people suffered.

The interdisciplinary effort encompassed the Brazos Valley Retired Senior Volunteer Program (RSVP), the Texas Agricultural Extension Service's Gerontology Program, and the Department of Educational Psychology at Texas A&M University. The area selected for the site of this pilot project was Bryan/College Station, Texas, an urban area with a joint population of approximately 100,000.

The primary goal of the Older Adults Sharing Important Skills project was to provide paraprofessional mental health services to nursing home residents. In order to meet this aim the project provided (1) training for volunteers in areas related to mental health and the elderly, (2) supervision by OASIS staff, and (3) consultation by staff. Providing a meaningful volunteer role for older adults was also an objective.

Background

The increasing number of elderly in the United States is a well-documented but recent phenomenon. It is estimated that the currently elderly population (65+) numbers close to 26 million which comprises close to 12 percent of the total population. This group is at high risk for health problems. Also, it is estimated that between 15 to 25 percent show significant signs of depression. In 1970, 41.5 percent of successful suicides were committed by adults 65 and older. Many authors, including Robert Butler, former director of the National Institute on Aging, have written extensively on the topic of mental health needs of the elderly and the need for better service delivery.

Unfortunately, the elderly remain underserved despite attentions focused on their needs. It has been estimated that the aged represent only 2 percent of total outpatients receiving psychiatric services. Community mental health clinics estimate only 4 percent of their services go to the elderly (Eisdorfer, 1977). In a more recent survey conducted by an Action Advisory Committee created by the 1981 White House Conference on Aging, it was found that local services for the elderly at community mental health centers had remained at 4 percent in 1984 (reported in press, 1984). This obvious lack of services is compounded by a negative stereotype surrounding the futility of treatment held by most health professionals towards the elderly client (Butler, 1975, p. 178–84).

Mental health problems of the elderly are further complicated when aging individuals are institutionalized. Approximately 25 percent of the elderly undergo this change at some point in their advanced years, and 5 percent are institutionalized at any given time. This group suffers from an average of three chronic physical health problems. An estimated 85–87 percent show significant signs of psychological problems (Goldfarb, 1962; Teetor, 1976). Of this group, 50 percent are estimated to suffer from chronic depression. Institutionalization compounds the elderly individuals' health problems by restricting their roles, taking away control, and severely limiting their privacy. This group is isolated from even minimal mental health services and is unlikely to be referred to structured community mental health services.

Studies have also confirmed that only 25 percent of the elderly population's mental health problems are organic or of a nonreversible nature. Most of the disorders are acute in nature and can be reversed if properly diagnosed and actively

treated (Butler & Lewis, 1982). For the most part, nursing home staff are not trained in the area of mental health problems or management of behaviors stemming from these problems. Staff attitudes have been studied and shown to be predominantly negative and often inappropriate towards patients' mental health needs (Teetor, 1976; Barron, 1975).

To Meet the Need

This problem is again complicated by the lack of funds available under Medicare or Medicaid for reimbursement for treatment of psychological problems. Therefore, it becomes increasingly common for mental health professionals to receive requests for voluntary consultation and direct delivery of services. Hence, the concept of the use of volunteers in this area is becoming increasingly attractive.

Volunteers in the nursing home are often utilized in a visitation role and other social support services. Many of these volunteers are older retired persons who have the time and interest to devote to such activities. Their being in the same peer group as the clients usually enhances their effectiveness.

Volunteer work for the older adult can fill a needed role that employment once held; literature in the field of aging indicates the value of continued involvement. This is specifically addressed by the "activity" theory which stresses that continued social involvement is essential in meeting the problems posed by a longer life span, the increasing pressure of early retirement and the subsequent loss of familiar roles and enforced leisure. Havighurst concludes that continued social participation and activity provide opportunities for pleasure, to be creative, to be with friends, to have self-respect, to make time pass, to be of service to others, and to give prestige and popularity (Havighurst, 1963). Peer support and the opportunity to develop new friendships have also been documented as advantages for the older volunteer.

Although volunteers are used in the nursing home setting, they are not trained to deal with the complex mental health problems they often encounter. However, the use of special older volunteers trained to a paraprofessional level of expertise in the area of mental health could be a possible way to deliver low cost services while providing a meaningful volunteer opportunity.

How It Began

The OASIS project was a pilot program, funded for a two-year period by two private foundations—the Hogg Foundation for Mental Health and the Astin Charitable Trust. Initial planning and organization was begun the fall of 1983, with training and recruitment of volunteers starting in January of 1984. The approach used for recruitment was a series of seminars on aging that were open to the general public. Announcements were distributed to all organizations that might come in contact with volunteers interested in the area of aging. Approximately 65 attended the first seminar. Topics related to aging and volunteering were addressed by various specialists in these areas. Two subsequent seminars were attended by smaller numbers.

The purpose of the OASIS project was explained at each seminar and volunteers were recruited from the audience. Role playing, group discussion and peer support were used to expose the interested participants to the concept of paraprofessional volunteers in this area of mental health.

After the completion of four pre-service training sessions, volunteers were asked to commit themselves to continued training and approximately six hours a week of service. Potential volunteers were individually interviewed and screened for acceptability into the project.

Through this series of seminars and training sessions, in which the purpose, scope, and time-involvement of Project OASIS were unfolded, a natural self-selection process occurred. Rather than using predetermined criteria for membership, volunteers were able to evaluate whether the project would fit their needs and resources. This worked well, and project staff found no need to deny membership to any of the resulting volunteers.

Training

After the initial recruitment, the training lasted five weeks. A six-hour session was held each week. When necessary, transportation and lunch were provided by the RSVP agency. The initial training sessions, held at local churches, dealt with counseling skills, including active listening, open-ended questioning and interviewing skills especially related to working with the elderly.

Monthly in-service training was provided on therapeutic techniques commonly used with the older population. These techniques included reality orientation, remotivation, oral history, life review, art therapy, music therapy and fantasy therapy. Special mental health problems covered were depression, loss and grief, confusion, disorientation, and Alzheimer's Disease, as well as dealing with uncooperative behavior.

The educational approach in this training was diverse. Lecture, role playing, and group discussion were the primary methods used. Videotapes of counseling situations provided models and generated group discussions and techniques. Educational materials included printed materials, films and videos. The majority of the training was conducted by the OASIS staff and supplemented by various specialists in related areas (i.e., social workers, nursing home activity directors).

Perhaps even more important than the monthly in-service training in developing paraprofessional skills was the weekly on-site supervision of the volunteers' work with nursing home residents. The graduate student coordinators of Project OASIS were able to provide detailed and immediate supervision of the volunteers' interaction with individual residents.

The OASIS staff consisted of three major advisors-creators and two part-time coordinators. The directors were a university professor who had extensive experience in counseling and consultation with nursing home residents, a gerontology specialist with the Agricultural Extension Service, and the director of the RSVP program in the local Brazos Valley area. The paid staff coordinators were graduate students in educational psychology. All had various experience working with the elderly.

Development

An executive committee was established to facilitate input from participating nursing homes and concerned agencies in decision-making. Committee members included administrators, directors of nurses, and activity directors from nursing homes as well as interested individuals from agencies related to elderly services. This committee met approximately once a month to discuss program goals and progress.

Volunteers were introduced to four nursing home facilities and given the choice of where they would work. Several of the volunteers were serving in one of the facilities prior to the project. These people chose to continue work in those facilities. Each

facility received an average of four volunteers. After completion of the initial training, ongoing in-service on relevant topics was provided on a monthly basis. Topics included reminiscence, confronting issues, dealing with anger, dealing with family, and drug interactions. Volunteers received on-site weekly consultation from OASIS coordinators on individual case work with clients.

During this period volunteers were training to write progress notes. The coordinators reviewed these notes periodically to help work with the clients. Volunteers also received training through professional seminars at local universities and attendance at the National Conference of the Gerontological Society of America. Transportation and travel costs were covered by the project.

Profiles

Four nursing homes operate in the Bryan/College Station area. Two of these facilities are certified for Intermediate Care (ICF) only, and two are certified for both Intermediate Care (ICF) and Skilled Nursing care (SNF). ICF and SNF differ in the level of care they provide. An ICF is one in which the individual resident requires care, supervision, and direct involvement of licensed nursing personnel on an ongoing basis. However, the individual does not require the direct care of a registered nurse on a 24-hour basis. An SNF must be under the direction of a registered nurse. In addition, the patient needs must require the services of a registered nurse around the clock.

The typical client for these facilities is a widowed female in her 80s. The most common health problems of the client are heart disease, hypertension, arthritis, stroke, diabetes, fractured hips, and acute or chronic brain syndrome. The client is often confined to a wheelchair and requires some degree of assistance with the basic acts of daily living. There are also frequent decreases in the sensory areas, specifically vision and hearing. Most of these individuals are on an average of five medications and may be receiving special medical treatments. It is common to find evidence of psychological problems, especially depression.

Mental health problems often seen in this group and setting include anxiety, agitation, sleep disturbance, behavioral changes, depression, guilt and an inability to adjust to placement in an institution. In addition, the large number of Alzheimer's patients also increases the number of clients with marked degrees of confusion and disorientation.

The average nursing home resident is Caucasian, with an average education level of the 6th grade. The greatest number are of the Baptist faith. The majority of residents in these homes are Medicaid clients, with limited financial resources. The typical resident does have at least one supportive family member—a daughter or son, perhaps nieces, nephews or siblings—who visits on the average of once a week. Some residents receive minimal visitation from members of their church or previous neighbors.

Recreational activities include watching TV, reading, and occasionally participating in an activity planned by the facility. Worship services are provided in all facilities and are usually well attended. Friendships may develop between residents in the

facility, but most clients tend to stay isolated. Due to this isolation most residents experience some degree of loneliness and tend to spend most of their time alone in their rooms.

The profile of the average volunteer involved in OASIS was a white female 68 years old or older—the age determined largely by federal standards for participation in the Retired Senior Volunteer Program through which the volunteers were recruited. The majority of these women were widowed, and they had various levels of education, approximately half with education beyond high school. They were all residents of the Bryan/College Station area. Many had already been acting as volunteers in one of the local facilities. Also, as with the norm for this age group, most were living independently and alone. Some of the volunteers themselves suffered with chronic health problems, but only a few were affected to the extent that their activities were severly hampered. Eighteen volunteers were active in this project over the two-year period.

Let's visit three of the teams.

Marshall and Herman

Take Marshall, for example. Like a tornado striking at his body, a stroke reduced his former vigor to a shaky ability to dress and feed himself. Before he could begin the return journey from the devastation of his illness, Martha, his life companion, took ill. As quietly and gently as she had lived, she died in her sleep, leaving Marshall, at 80, dependent and distraught.

All of his life had been composed of work and love. Now he had neither. There had never been money for higher education or hobbies. There had always been the job in the lumberyard and Martha waiting for him. Now he was beached upon the sands of loneliness, with nothing to do and with no one to care.

By the time Marshall reached the nursing home, his depression was deep and his interests minimal. He sat in front of the television, letting his own thoughts play their drama instead of the characters on the screen.

Let's leave Marshall sitting lifelessly in front of the set and go to the home of Herman, tall Herman, whom everyone on campus used to know and appreciate. What a life he had had. Teaching university students made him feel as young as they, curious to learn and excited by events. How sad that his son, Milton, had been so unlike his father, not interested in academia. He was off in Dallas stock brokering, and he didn't even come home except for crises like his mother's illness and death.

Herman spent his days in the empty house, cavern-empty, feeling sorry for himself until a friend told him of a volunteer program being instituted for residents of a local nursing home. Herman protested. He did not want to be involved. At 76 he did not want to see other old people. But, finally he was persuaded.

Herman went through the training session. His head listened, but his heart did not. Although he participated in the role playing and group discussion, he still held to his option, secretly, that he would not continue with the program. He was paired with Marshall.

The first visit was so awkward that Herman vowed he would never return, and Marshall said he did not want any more visitors. The two men had sat in straight chairs in Marshall's room, Herman in his dark slacks and white shirt and tie and Marshall in khakis. They had watched TV and made desultory conversation about politics and sports. Then Herman said goodbye.

Strange that Herman kept thinking of Marshall during the week. In fact, when he went grocery shopping, he picked out some raisins and other dried fruits he felt Marshall might enjoy.

Herman went back the next time and the next. And he continued with the training program. He was not sure when it was or how it happened that he mentioned his wife, Marian, and her death, and Marshall put an arm around Herman's shoulder and wept for his Martha. Soon they shared their feelings about their loss and grief. Herman brought Marshall a poem which told of feelings of grief over a spouse's death. He also talked of his disappointment over Milton, and Marshall described the sadness of having no children at all.

The two men, so unlike, helped one another. They were bound by need beyond education or financial freedom. And, as they learned to trust one another, they each were able to move into the larger social world.

Winnie and Marcell

Winnie was the youngster at the nursing home. In her mid-fifties, she looked much older. Failing health and recent widowhood combined to show themselves in drooping shoulders, deep wrinkles, and an expression of hopelessness. Occasionally one could catch sight of a dimple or of light behind the faded blue eyes, but mostly Winnie sat in a chair in her room and stared at the plain wall.

Even when her daughter came to visit, Winnie responded in monosyllables and without animation.

Marcell was old enough to be Winnie's mother and had enough animation for the two of them. Winnie had more education than Marcell, but Marcell's curiosity and interest in people and life around her made her exciting and delightful.

It wasn't easy to get Winnie to talk, especially about the past or about her husband, but Marcell had patience; and when there was no conversation, she seemed content to sit close by and be still. In time Winnie began to talk a bit more and even socialized with others in the home. Several times she went with her daughter to parties. As her mental health improved, her physical wellness was enhanced.

Just as Winnie and Marshall had their champions who helped their outlook, so did Herman and Marcell call upon their backups. In addition to the rigorous training session for the volunteers, there were monthly "booster" meetings. These sessions were not formal chairs-in-a-row sessions but were more like family gatherings. Everyone brought pot luck items, and there was laughter and recipe-swapping as they went down the line to fill their plates and go to nearby tables. The conversation was lively. "Winnie's beginning to talk a little more." "I can't seem to interest Dorothy in anything these days. What do you suggest?"

Then they moved into small groups where the session was more formal and structured. The supervisor and assistant talked with them on topics of meaning about their charges, at the same time giving them strokes for the work they were doing and for the good they were creating.

The benefits thus shuttled back and forth. The volunteers were energized and helped even as they moved to improve the mental health of their charges. In this way the program differed from many, in which only one population was the target. Here the givers were also the receivers, and the benefits were twofold.

Thomas and Pauline

They may have seemed on first sight to be an unlikely pair. Thomas, in his eighties, had once stood straight as a well-planted oak in the Texas soil. Now he was confined to a wheelchair. Looking at him one would not have believed that he was the same fastidious man who used to wear his collars starched, his mustache trimmed, and his hair combed flat on his head. Now his pajamas and robe were rumpled and stained, and his mustache and shoulders drooped.

Pauline, assigned to Thomas, was in her mid-fifties. She had joined the volunteer team to try to overcome some of her own deep grief over losing her

husband in recent months. At first Thomas would not speak at all, and Pauline sat quietly in his room, knitting or reading and making an occasional observation.

When Thomas saw that Pauline had no intention of leaving, he began to trust and to speak, briefly, of his rage at his only living relative, a niece who would not come to see him. "I no longer want to live," he said many times.

Pauline did not argue, did not attempt to dissuade him. Instead she tried to concentrate on his interests, which were mostly intellectual. A game of Trivial Pursuit provided the first breakthrough. In addition, she sought out a friend who had lived in a city Thomas loved and asked him to visit. Staff attention was focused on Thomas, and the activity director gave added attention to him. His physician prescribed medication.

Throughout all this multiple input Pauline helped him to discuss his feelings about his family relationships. She was able to be nonjudgmental and yet to open up his inner thoughts.

Although it is impossible to separate out which input served best, it is obvious that Pauline helped Thomas find some meaning in his life.

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The Evaluation

The goal of the OASIS evaluation was to learn: 1) what types of client needs did the volunteers encounter while with the project, 2) what types of barriers/problems did the volunteers and staff encounter during the process, 3) what types of external and internal influences impacted on the program, and 4) what types of solutions were applied to various problems? The evaluation was also designed to include suggestions for future projects that might be patterned after the OASIS project.

The evaluation concentrated on two target groups of subjects, the nursing home clients and the OASIS volunteers. The sample group of nursing home clients was estimated to be 25 residents who received direct one-to-one consultation from a volunteer over an extended period of time. The volunteer sample group was estimated to be an average of 12 people. Over the two-year period, both of these groups fluctuated in number. The client group was affected by morbidity and mortality, while the volunteer group was affected by morbidity and dropouts.

Several general policy guidelines were established to direct the evaluation strategy. The evaluation was to be largely process oriented as opposed to mere outcome. It was to be as naturalistic and unobtrusive as possible to minimize any compounding effect on the project. Clients and volunteers were to be used as their own control with change observed within the individual. Multiple inputs were to be considered since this was a field study as opposed to a controlled laboratory situation.

Methods

The method selected for the client evaluation was that of the case study which could best illustrate the process involved. Clients for the case study were selected from the sample group based on qualities that appeared to be representative of the general process that occurred within the project. The approach to the studies was one of multiple data collection. Sources of data included three assessment tools which were administered on a periodic basis: the Geriatric Depression Scale, Barthel's Self-Care Rating, and a brief Mental Status Exam. Medical records kept by the facility were monitored on a periodic basis for note of changes in behavior, activity, medications

and family interaction. This information was collected on a field note form for later use. The volunteer progress notes on the client were also reviewed for indications of change in appearance, mood, topics discussed and general progress.

The method selected for volunteer evaluation was also that of the case study. This was to reflect process and to be written in conjunction with the client case study to illustrate the interaction between the two groups. The approach was one of data collection from the following sources: an aging test, counseling response questionnaire, a demographic attitudinal questionnaire, and a post-training interview. Supervisor progress notes were also monitored for indication of openness to supervision, skill with specific techniques, consistency and enthusiasm.

Outcome evaluation was restricted largely to personal one-to-one interviews conducted by the graduate student assigned to coordinate the evaluation. These addressed the basic evaluation questions and other topics that surfaced during the interview. Interviews were taped and later analyzed for content and summation. All volunteers were individually interviewed, including those who had dropped out of the project. Key staff at each of the four facilities were interviewed for their input and opinions of the project. Clients who were available and able to be interviewed were asked for their feelings about the project. All interviews were kept open-ended to allow for the greatest possibility of information.

Volunteer Interviews

Fourteen volunteers of the OASIS project were interviewed individually to ascertain what the project had meant for them. Four basic questions included: (1) what were their expectations initially for the project, (2) what types of problems/barriers or frustrations did they experience during the project, (3) what were the types of needs they encountered during their dealings with the clients, and (4) were their expectations met and would they change the program in any way? The remainder of the interview was left open to allow for any input by the volunteers.

Expectations

A high degree of cohesiveness emerged in response to the first question. Many expressed a desire to learn new skills, to discover how to deal with people, and to do a

better job as a volunteer. *To learn* was the general theme in most of the responses. The general seeking of new information and reinforcement of previously learned skills was also mentioned.

Another common theme in expectation was the desire to work with or to do something for other people. Several volunteers were very specific about seeking service work and felt strongly about the importance of such efforts. A few volunteers did mention their personal need to meet people and have something to do to combat their own loneliness. This was not as common a response as the desire to learn or to serve. Project staff, however, perceived significant personal growth in the volunteers over the period of the project.

Barriers

The second question on types of barriers/problems or frustrations they had encountered during the project was broken into three subcategories. The first, barriers with the client; second, with the nursing home staff; and third, with the project itself. In the first category on clients, several key themes or issues appeared. A dominant issue centered around frustrations that developed while working with clients in whose mental state the volunteer could see no progress or improvement. This occurred most frequently with clients whose diagnoses related to organic dysfunction. The volunteer was not able to discern if his or her work with the client was beneficial. Short term memory loss in several cases was difficult to deal with (the client frequently did not remember the volunteer from week to week).

The death of a client was also an issue raised by several of the volunteers. Those who had become close to their clients quite naturally experienced a sense of loss with their deaths or concern when death appeared imminent. This experience was uncomfortable for some of the volunteers and apparently, despite the age of residents, had been unanticipated.

Another concern was the difficulty of dealing with clients who expressed strong feelings of hopelessness often with regard to their institutionalized condition. This topic appeared to be an uncomfortable one for the volunteer to experience; often there seemed no viable alternatives to the constraints of nursing home life.

Most of the volunteers felt very comfortable when asked about any problems with staff of a nursing home. They thought the staff, for the most part, had been very helpful. It was mentioned by several that having at least one key staff person with

whom they could keep in contact was very important. It was noted that nursing home staff support and recognition of the volunteers' efforts were important. Several volunteers commented on a level of discomfort when placed by the client in an advocate role that seemed to be in opposition to the wishes of the facility.

The last category of barriers/problems related to the project itself. All volunteers expressed positive opinions and praise for the OASIS staff and the training they had provided. The only comments related to a problem area were in the realm of transportation. Several volunteers hoped that there might be more transportation available in the future. One comment was made suggesting that more positive feedback and praise might be desired by a few of the volunteers. These criticisms were the exception rather than the rule; the majority felt that OASIS staff had been very supportive and accommodating.

Needs of Clients

The third question dealt with the types of needs or problems the volunteer had been able to identify while working with the clients. In this area the primary need appeared to be that of having someone to listen to the client and to allay loneliness. Depression and withdrawal were commonly mentioned and, again, the need for someone to listen. In several cases the volunteer was placed in the role of advocate, especially relating to financial or relocation problems. Adjustment to nursing home placement was seen as a common problem.

Volunteers found themselves placed in a role of offering general assistance in pushing a wheelchair client, shopping for the client, and, in some cases, feeding the client. Bringing homemade food to the client and finding reading material or craft projects were listed by the volunteers as needs. Volunteers arranged for other outside visitors to see the client in several cases.

Were Expectations Met?

The last question asked the volunteers was whether their expectations had been met and if they would change the project in any way. The majority felt that their expectations had been met and that they had gained more from the experience than they had expected. Many felt they could not only help the nursing home client more

than before the training but felt they were better able to help themselves, their family and their friends. Several stated that they were more professional in their volunteer work than before and that the nursing home staff treated them more as professionals. The group discussion format and use of videotaping were mentioned as favored activities. The only content suggestion made was that new volunteers (as opposed to someone already working in the nursing home) should be forewarned that it might take time to become comfortable with the environment and the clients.

Several volunteers who had left the project were interviewed in order to ascertain the reason for their dropout. In three out of the four cases the volunteers were too busy with prior commitments to continue with the project or had encountered illness themselves or with a family member. One volunteer did express frustration related directly to the project in dealing with clients in whom the volunteer could not perceive progress.

In conclusion, it was a common comment that the volunteer felt she or he had made new friends among the older volunteers and expressed great enjoyment of the time they had spent together. All expressed concern that the program would continue in order that they might learn more and continue to spend time together sharing their experiences.

Staff Interviews

Seven interviews were conducted with key staff members from the four facilities that participated in the OASIS project. In most of the facilities, these key persons were in positions of activity director, director of nursing, or administrator. One of the four facilities was not represented in the interview process due to the turnover of staff and lack of any consistent contact by key staff with the project. Staff were asked questions similar to those given to the volunteers.

Expectations

Staff expectations in general were found to be rather low; several felt the volunteers could do little that would significantly impact upon the clients' lives. This seemed especially true with the staff who had strong medical training backgrounds. Also, a majority of staff interviewed had little understanding of the project's intent. This

concept was reflected in their opinion of what the volunteer might do for the resident. Several staff did expect that the project would provide new volunteers in the facilities. Administrative staff appeared to see the volunteers' role as one of handling patients exhibiting "difficult" behavior, while the activity staff seemed more generally to support volunteers working with clients experiencing internal distress.

Barriers

In the area of barriers/problems, the most common comments were related to the level of involvement with the client that the volunteer had reached. Many of the staff felt the volunteer had remained on a somewhat superficial level of involvement. Descriptions "friendly visitor" or "companion" were used. Indication was that the staff had in fact expected that the volunteer would be dealing with client problems that were more emotional and involved. The attempt by the volunteer to "make people happy" as opposed to dealing with the present state of the client was brought up. Comments were made about the burnout of volunteers when they could not perceive that progress was being made with their clients.

Suggestions for the Future

Comments and feedback were minimal about changes or suggestions for the project's future. Some staff did feel the need for greater clarification of the project's goal and/or time with the project director to discuss problems. Several staff felt they had been too busy to give the project the time they would have liked to invest. The possibility of using the volunteers for more group work as opposed to one-to-one was brought up. Staff also felt it important that volunteers be able to deal with all ranges of emotions, not just the more positive ones.

In conclusion, all staff but a few felt the project had added something to the lives of the residents. They recognized that tasks had been accomplished and assistance given but hoped that more could be done if the project continued. The general opinion was that it had been a beneficial project and an especially worthwhile experience for the volunteers.

Client Interviews

Six interviews were conducted with clients still residing in the nursing homes. Clients were asked broad, general questions about their experience with the OASIS volunteers. This was done intentionally to avoid biasing the clients' replies.

Two of the clients interviewed had no apparent recall of who the volunteers were and were not able to recognize them by name. In one case, the client did remember someone had brought her various items but was unsure about the person's identity. In the other case, the client had no recall of any visits or activities that may have occurred with the volunteer.

The remaining four clients were very complimentary of the volunteers who had visited with them. General comments were that the volunteer was nice and that clients had enjoyed talking with the volunteers. Several clients mentioned items that volunteers had brought to them such as homemade soup, cookies, and snuff.

It was obvious that clients were appreciative of these visits and enjoyed the company. As a whole, they did not relate the visits to their feelings or changes in feelings. One client did recognize that the volunteer had been able to assist her "in getting acquainted to the nursing home." This is closely related to the adjustment period, since the volunteer was working closely with the client after the admission period. These four clients all expressed the opinion that they did in fact miss the volunteers when they were unable to visit. One client expressed the feeling that he could "depend" on the volunteer. Another comment was that the volunteer's visits made the client feel happy.

The clients in general did not appear to see the volunteer in a role as a counselor but more as a visitor and a friend. This was probably a reflection of the decision made by the project planners not to have volunteers label themselves as such.

Summary

Findings of this evaluation are based on the summation of information found in the case studies and interviews by the evaluator. In the process of reviewing and compiling this material, themes appeared throughout and form the basis for the conclusions.

Two main categories emerged concerning clients' needs with which volunteers were able to identify and work. One category was emotional needs which included but were not limited to depression, withdrawal, adjustment to placement in a nursing home, issues of death and dying with the client or spouse, loneliness, confusion and disorientation. Volunteers were able to give emotional support, to listen actively, and to facilitate improved mental status in some cases.

The second category of needs the volunteers identified inlcuded those that relate to services or goods from the community. Services involved actual assistance with acts of daily living, i.e., pushing wheelchairs, doing hair, or in some cases, feeding people. Shopping needs were also common and were met by the volunteers. In several cases volunteers placed themselves in an advocate or liaison position where financial or *relational problems occurred.*

Barriers

Several common themes emerged for barrier/problems. First was the frustration of the volunteer when dealing with a client not showing progress. This was mentioned by both volunteers and staff. Second was the volunteers' comfort level in dealing with all ranges of emotions. Some volunteers appeared to be uncomfortable when emotions such as anger, hopelessness, or general despondency were expressed. The attempt to avoid such interaction or "make the person happy" was noted by the staff and mentioned by the volunteers themselves. The lack of a key staff person with whom the volunteer might interact was also considered a problem or barrier to effectiveness of the project.

Needs

In answers to questions about external and internal influences that may have affected the project, the importance of a key staff person in the facility was evident. A key staff person is crucial for appropriate client referral source for the volunteer, for guidance and information source about the client, and for support and recognition for the volunteer. It is also crucial that this staff person have a clear understanding of

the intent of the project. When this is not the case, it appears to lead to inappropriate referrals and a general misdirection of the volunteers' energy. Internal influences seen were related to volunteers' ability and training in the area of emotional interaction. The level of needs with which the volunteer enters into the project may have effects on his or her ability to meet a client's needs. Prior experience in a nursing home may also facilitate the effectiveness of the volunteer.

Suggestions for the Future

Suggestions for any future projects that are planned to pattern themselves after the OASIS project include: 1) seeking out a key staff person who has a clear understanding of their clients' mental health needs and is able to perceive volunteers in a role affecting these needs in a significant way; 2) asking the key staff person, if at all possible, to attend training sessions with the volunteers in order to be aware of their knowledge level; 3) holding training at the facility to encourage staff participation whenever possible; and 4) screening the volunteers for comfort level in forming interpersonal relationships, empathic skills, and comfort with all ranges or emotions.

In conclusion, the OASIS project has been able to provide a diverse range of services to the nursing home clients in the Bryan/College Station area. It has provided a meaningful and productive outlet for the volunteers interested in working with nursing home clients. In some respects, the volunteers have attempted to deal with problems that are often avoided by the nursing home staff themselves. It is a clear comment on the quality of the project that the OASIS volunteers' enthusiasm has motivated them to continue the group on their own.

How, then, does it sum up? What lessons are learned? Is such an experiment worthwhile, or are the results so minimal as to be insignificant?

Or on another level, how does one measure progress in terms of human well-being? Are positive alterations, even minimal ones, of importance in lives characterized by uniformity and unrelieved by outside stimulus?

With the incredible increase in future old—to a projected 51 million by the year 2030—humane and caring methods of making life palatable for the institutionalized and noninstitutionalized old will have to be found.

Also, with the withdrawal of federal support for many human relations efforts, volunteers will become an increasing influence on the old and ill.

The OASIS model, implemented by persons knowledgeable in human relations and professional in training, has possibilities for replication in communities of all sizes. The wellspring of human contact can possibly help human deserts to come to flower.

Epilogue

Words from an OASIS Volunteer—Lila Lane

"Eyes are windows of the soul"

"The wheels of time grind slowly"

For years we have striven to serve humanity in many ways. We have served in the home, school, church, community and in the nation (national affairs). None of these has been so rewarding as the one embarked upon in April of 1984, OASIS. When first hearing the word, I thought of a rich fertile small area in a desert that we talked about in geography.

Then my first visit in a nursing home for 15–45 minutes, trying to determine how a client was thinking, feeling, and behaving, the environment, and, finally, the result or results of this visit gave me a deep feeling of love for this resident and a desire to serve, to explore, and share. All of which was very satisfying.

We felt that if one can learn, and help these residents, that is rich enough and very rewarding.

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